## 1503-142-2422

FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORIVI 1				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4N	45
YOUR CITIE	EWI PIRIESILIONE	MITHELLE	<u> </u>	
		<u> </u>		
ADDRESS (number and street)	18015 S LIB	BERITIY DIRILIYE		
(Check if address is changed)	LIIBERTY: L	.A.K.E.	AW	4,9,0,1,9,-9,7,1,2
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	e-mail address)		
(Check if address is changed)	VIMILI6,20161416	PITIMIAII ILI ICOMI	1.1.1.	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)			
(Check if address is changed)	VIMIGAOOCO	P1 <b>M</b>		
2. DATE 0.4 2	1 2.01 S		·	
3. FEC IDENTIFICATION N	IUMBER C.6	0.0.0.8.889		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief	it is true, corr	rect and complete.
Type or Print Name of Treasure	OF TIMOTHY J. MODRE			
Signature of Treasurer	Af Mon	·	Date 0	4 24 20.15
NOTE: Submission of false, error		may subject the person signing		t to the penalties of 2 U.S.C. §437g.
Office Use		For further Information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committee is a principal campaign committee. (Complete the candidate information	below.)					
(b) This committee is an authorized committee, and is NOT a principal campaign committee information below.)	e. (Complete the candidate					
Name of Candidate TIMOTHY JIMOORE						
Candidate Party Affiliation  REP  Office Sought: House Senate Pres	State State District					
(c) This committee supports/opposes only one candidate, and is NOT an authorized comm	uittee.					
Name of Candidate						
Party Committee:						
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican etc.) Party.					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.	.) Its connected organization is a					
Corporation Corporation w/o Capital Stock	Labor Organization					
Membership Organization Trade Association	Cooperative					
In addition, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more than one Federal candidate, and is NOT a sep committee. (i.e., nonconnected committee)	parate segregated fund or party					
In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Leadership AC. (Identify sponsor on line 6.)						
Joint Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net process						
committees/organizations, at least one of which is an authorized committee of a federal cal  (h) This committee collects contributions, pays fundraising expenses and disburses net procee						
committees/organizations, none of which is an authorized committee of a federal candidate	).					
Committees Participating in Joint Fundraiser						
1. FEC ID number						
2. FEC ID number						
3. FEC ID number C						
A.						

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Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leadership PAC Sponsor
Mailing Address	
	11 1-1 1-1-1-1-1-1
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fun	ndraising Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) as books and records.</li> </ol>	nd position of the person in possession of committee
Full Name TILIMIO TIMIY I J. M. O.O.RE	<del>┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ ┃ </del>
Mailing Address 8105 S LIBERTY DRI	1416
LIIBIEIRTIYI LAKE	WA 19191011191-1917112
Title or Position CITY	STATE ZIP CODE
CANDILIDIAITIEI Teleph	one number
8. Treasurer: List the name and address (phone number optional) of the treasurer any designated agent (e.g., assistant treasurer).	er of the committee; and the name and address of
Full Name of Treasurer  TILIMIOITIMINITIMIOIOIRE	
Mailing Address & O.S. S. L.I.B.E.R.T.Y. D.E.I	<u> </u>
LIBERTIYI LAKET TOTAL	
Title or Position	
CAMIDITION Teleph	one number

<u> </u>				<del></del>
FEC Form 1 (Revised	0 2 /2009)	<del></del>		Page 4
Full Name of Designated ,			_	
Agent LL				
Mailing Address				
	CITY		STATE	ZIP CODE
Title or Position		Telepho	ne number	<u> </u>
Banks or Other Depositoric safety deposit boxes or main Name of Bank, Depository, e		positories in which the c	ommittee deposits for	unds, holds accounts, rents
				+++++++++++++
Mailing Address				
		1 1 1 1 1 1		
	CITY		STATE	ZIP CODE
Name of Bank, Depository, e	etc.			
			· <u>[</u>	
Mailing Address			<u> </u>	
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Fimothy Jay Moore

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PREPARÉR (3/2015)

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